

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90061 033 ****61.25

DOCUMENT # N01000005169

1. Entity Name
**SUMMERLIN COMMONS PROPERTY OWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**9130 CORSEA DEL FONTANA WAY
NAPLES, FL 34109**

Mailing Address
**9130 CORSEA DEL FONTANA WAY
NAPLES, FL 34109**

40020518



01092007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1133113

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JED PROPERTY MANAGEMENT SERVICES
9130 CORSEA DEL FONTANA WAY
NAPLES, FL 34109**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	Vice President
NAME	MILLER, TED
STREET ADDRESS	CREDITCORP PLAZA BANK 25TH FLOOR
CITY-ST-ZIP	REPUBLIC OF PANAMA, PA
TITLE	President
NAME	MILLER, RICK
STREET ADDRESS	1520 ROYAL PALM SQUARE BLVD #360
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	SECRETARY
NAME	HAWKINS, CYNTHIA
STREET ADDRESS	2076 WEST FIRST STREET #300
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	SECRETARY/TREASURER
NAME	VICTOR, BUZZ
STREET ADDRESS	5650 Greenwood Plaza Blvd. #43
CITY-ST-ZIP	Greenwood Village, CO 80111
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/07

Date

(239) 275-9029

Daytime Phone #